

STATE OF IOWA

THOMAS J. VILSACK GOVERNOR SALLY J. PEDERSON LT. GOVERNOR OFFICE OF DRUG CONTROL POLICY
MARVIN L. VAN HAAFTEN, DIRECTOR

Governor's Office of Drug Control Policy Five-Year Strategic Plan

July 1, 2006 - June 30, 2011

OVERVIEW

The Office of the Drug Policy Coordinator is established in Chapter 80E of the Code of Iowa. The Coordinator directs the Governor's Office of Drug Control Policy; coordinates and monitors all statewide counter-drug efforts, substance abuse treatment grants and programs, and substance abuse prevention and education programs; and engages in other related activities involving the Departments of public safety, corrections, education, public health, and human services. The coordinator assists in the development of local and community strategies to fight substance abuse, including local law enforcement, education, and treatment activities.

The Drug Policy Coordinator serves as chairperson to the Drug Policy Advisory Council. The council includes the directors of the departments of corrections, education, public health, public safety, human services, division of criminal and juvenile justice planning, and human rights. The Council also consists of a prosecuting attorney, substance abuse treatment specialist, substance abuse prevention specialist, substance abuse treatment program director, judge, and one representative each from the Iowa Association of Chiefs of Police and Peace Officers, the Iowa State Police Association, and the Iowa State Sheriff's and Deputies' Association. Council members are appointed by the Governor and confirmed by the Senate.

The council makes policy recommendations related to substance abuse education, prevention, and treatment, and drug enforcement. The Council and the Coordinator oversee the development and implementation of a comprehensive State of Iowa Drug Control Strategy.

The Office of Drug Control Policy administers federal grant programs to improve the criminal justice system by supporting drug enforcement, substance abuse prevention and offender treatment programs across the state. The ODCP prepares and submits the Iowa Drug and Violent Crime Control Strategy to the U.S. Department of Justice, with recommendations from the Drug Policy Advisory Council. The ODCP also provides program and fiscal technical assistance to state and local agencies, as well as program evaluation and grants management.

MISSION STATEMENT

• The Mission of the Governor's Office of Drug Control Policy is to serve as a leader and a catalyst for improving the health and safety of all Iowans by promoting strategic approaches and collaboration to reduce drug use and related crime.

VISION STATEMENT

 The Vision of the Governor's Office of Drug Control Policy is to empower Iowa citizens, organizations, and policy makers to address current and emerging needs and cultivate safe and drug free communities.

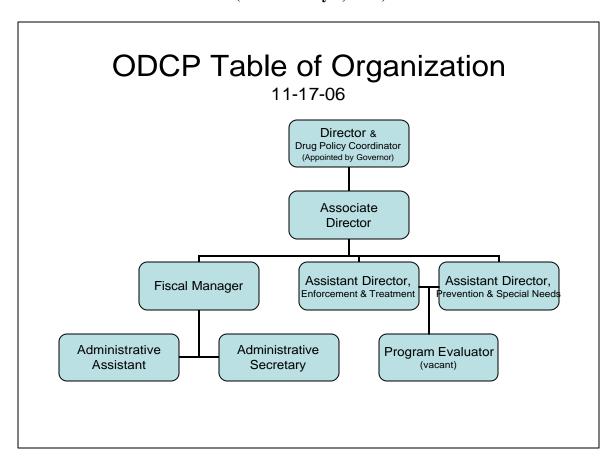
GUIDING PRINCIPLES

- Accountability
- Collaboration
- Coordination
- Effectiveness

- Efficiency
- Fairness
- Honesty
- Innovation
- Integrity
- Leadership
- Service
- Trustworthiness

The primary obligation of ODCP, its staff and program stakeholders is to serve the public. As such, ODCP and its associates shall operate professionally, truthfully, fairly and with integrity and accountability to uphold the public trust.

TABLE OF ORGANIZATION (effective July 1, 2006)

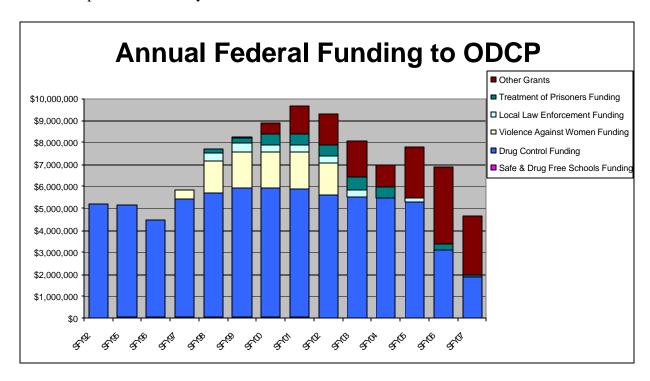


ASSESSMENT: Internal Strengths

The Office of Drug Control Policy is a small executive branch agency with the flexibility to minimize bureaucracy and maximize accountability. This provides a consumer/constituent friendly environment conducive to customer service and the collaborative development of effective strategies to respond efficiently to emerging needs. While working with several organizations to initiate and coordinate policies and programs that address the complexities of substance abuse and drug trafficking, ODCP also administers federal grant funds in a highly credible and fundamentally fair manner for eligible local and state agencies. ODCP takes a leadership role in alerting the public to important substance abuse and drug trafficking issues, and is a reliable information source for policy makers.

ASSESSMENT: Internal Limitations

Although Iowa Code requires ODCP's director (and by extension ODCP) to coordinate and monitor public fund expenditures by other state departments that provide substance abuse or drug enforcement services, ODCP's director has no authority over the use of funds appropriated to other agencies. Reductions and fragmentation of federal funds in recent years, makes it difficult to provide continuity of services at the local level.



External Needs:

Drug use is a preventable behavior. Drug (i.e. alcohol, tobacco and other drugs) addiction is a treatable disease. While the "drug of choice" may change over time, the behavior of substance abuse is a constant concern. Alcohol remains the most prevalent substance of abuse in Iowa. However, in recent years an increasing number of Iowans have turned to using, manufacturing and/or selling marijuana and methamphetamine. Most recently, the abuse of prescription and over-the-counter drugs is rising at an alarming rate. In February 2006, the White House Office of National Drug Control Policy called the illegal use of pharmaceuticals one of the "fastest growing forms of drug abuse."

Nationally, prescription drug abuse among young people is on the rise as is the abuse of certain over-the-counter medications. This move from "farming," using organic substances such as marijuana, to "pharming," using entirely synthetic drugs to get high is cause for concern. Some of the primary prescription and over-the counter (OTC) drugs of abuse are: narcotic painkillers (OxyContin, Vicodin), stimulants (Ritalin, Adderall), depressants (Xanax, Valium), and dextromethorphan (DXM), a common cough suppressant. Overall, 4% of students in grades 6, 8, and 11 who responded to the 2005 Iowa Youth Survey reported taking a prescription not prescribed for them or using an OTC medication in an unintended manner at least once in the past 30 days.

Prescription drug abuse is not limited to Iowa youth. A 2005 survey of approximately one-third of Iowa pharmacies identified 85 Iowans who were able to obtain thousands of medications by traveling to different pharmacies and doctors offices. The survey identified another 153 individuals who exhibited some of the characteristics of "shopping" for prescriptions. This practice is commonly referred to as pharmacy or "doctor shopping."

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2006 (Iowa DPH)

Year	Alcohol	Marijuana	Methamphetamine	Cocaine/	Heroin	Other	Total
				Crack			Clients
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,673
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863

- → Marijuana, much more potent than 30 years ago, is the most prevalent illegal drug used by Iowans. More than half of Iowa youth—53%—seeking drug treatment in SFY 2006 cited it as their primary substance of abuse (Iowa DPH).
- → Three recent Iowa Youth Surveys show self-reported substance use among 6th, 8th & 11th grade students has declined.

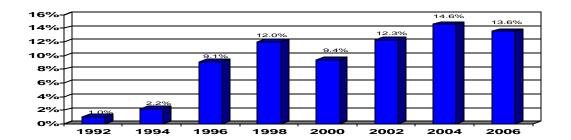
Source: Iowa Department of Public Health

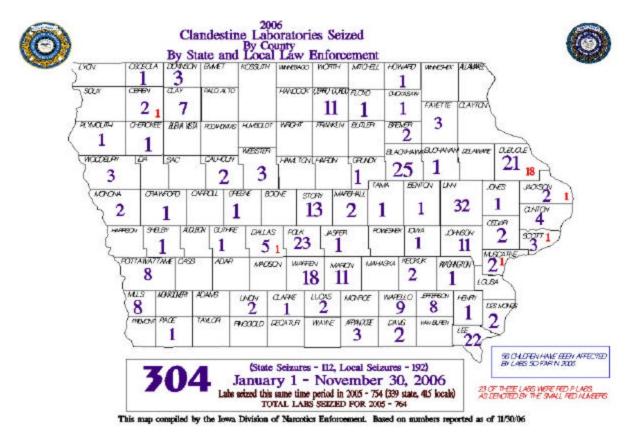
Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2006

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions	
Alcohol	2,003 (39.6%)	23,107 (58.0%)	55.9%	
Marijuana	2,683 (53.0%)	7,587 (19.0%)	22.8%	
Methamphetamine	196 (5.9%)	5,903 (14.8%)	13.6%	
Cocaine/Crack	71 (1.4%)	2,215 (5.6%)	5.1%	
Other/Unknown	105 (2.1%)	1,047 (2.6%)	2.6%	
Total			100 %	

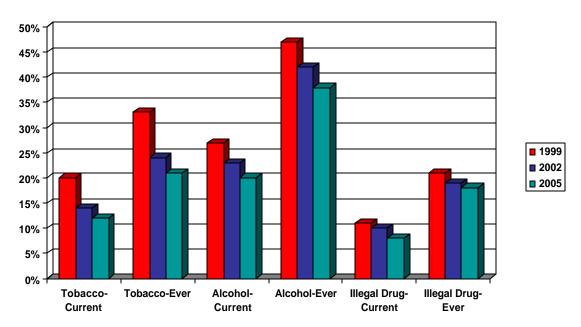
Source: Iowa Department of Public Health

% Iowa Adults in Treatment w/Meth as Primary Drug of Abuse FYs '96-'06 (Iowa DPH)





Iowa Youth Surveys 1999-2005 (RISE, ISU)



"Current" = Use in the last 30 days. "Ever" = Use in lifetime.

Prescription/Over-the-Counter (OTC) Medications

Notable additions to the 2005 Survey were two questions regarding the current (past 30 days) use of prescription and over-the-counter (OTC) medications for purposes other than intended. The abuse of prescription and OTC medications by teens has been rising at an alarming rate across the country and has become an area of concern. The two new questions are, "In the past 30 days, on how many days have you used prescription medications not prescribed for you," and "In the past 30 days, on how many days have you used over the counter medications different from the directions."

According to the 2005 Iowa Youth Survey, a total of 4% of the respondents indicated that they had abused a prescription or OTC drug in the past 30 days.

- → Over 1,000 children in 4 years were classified as victims of abuse due to meth labs and precursors (Iowa DHS).
- → Iowa law enforcement officials report a rise in the quantity & quality of methamphetamine seizures, including more crystal meth—or "ice"—a purer & more potent form of meth smuggled into Iowa for distribution (Iowa DPS).

Crime Lab Analysis of Meth Items Seized by Category CYs '01-'05 (Iowa DPS)

Year	Crystal Meth/"Ice"	Powdered Meth	Average Meth Purity
2001	1	6,488	27%
2002	3	7,031	27%
2003	24	8,444	23%
2004	333	6,509	33%
2005	2.025	4.572	54%

CORE FUNCTIONS

• Coordination of Efforts

(Facilitate an integrated statewide response to drug trafficking and substance abuse.)

• Grants Management & Program Development

(Procure and administer federal grant programs to enhance drug and violent crime control initiatives at the state and local levels.)

• Public Policy & Education

(Educate the public about emerging substance abuse issues, and advise elected officials on policy matters.)

Goal # 1	Measures	Strategies	
Enhance coordination and	% of state agencies	Develop and implement a	
leadership to improve Iowa's response to drug use and related crime.	addressing substance abuse prevention and treatment, drug control, and related crime that participate in the development and implementation of Iowa's Drug Control Strategy. Percent of ODCP grant awards to state and local agencies for initiation of new programs.	9	
Goal #2	Measures	illegal drugs. Strategies	
Improve the ability of state	Percent of Iowa counties	Maintain performance-	
and local government, and private partners, to secure resources to	receiving federal grant funds and/or other forms of assistance from ODCP.	based grant incentives through site monitoring/assistance.	
comprehensively address the continuum of substance abuse and drug control.	Percent of ODCP grant- funded projects monitored for project effectiveness and financial compliance.	Increase outreach in rural communities to address the continuum of substance abuse and drug control.	
		Survey partners to assess awareness and emerging needs. Negotiate non-state	

resources to meet those needs.	
Maintain adequate control procedures to ensure that public resources are used effectively and appropriately.	

Goal #3	Measures	Strategies
Empower and educate	Percent of students in	Collaborate with partner
citizens and elected officials	grades 6, 8, and 11	agencies to educate elected
to take action to reduce	reporting no use of alcohol,	officials and citizens about
substance abuse	tobacco, or marijuana on	the drugs of abuse in Iowa
	the 2008 Iowa Youth	and strategies for
	Survey vs. the 2005 survey.	addressing them via a
		continuum of services
	Rate of binge and heavy	(prevention, intervention,
	drinking by adult Iowans.	treatment, aftercare,
		enforcement, etc.).
		Survey prevention,
		treatment, enforcement and
		corrections professionals to
		identify current substance
		abuse programs, gaps in
		services, and needs of
		communities across Iowa
		and report findings to policy
		makers.
		Promote the use of
		evidence-based best
		practices among all
		providers of substance
		abuse services.
		Initiate legislative action
		when needed to reduce
		access to or availability of
		substances of abuse.